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Attorney Docket No. 1855.4

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Lamb

Serial No. 10/062,954 Filed: January 31, 2002

For: METHOD OF TREATING PAIN

COPY OF PAPERS ORIGINALLY FILED

February 27, 2002

Assistant Commissioner for Patents Washington, DC 20231

## SUBMITTAL OF ADDITIONAL FILING FEES

Sir:

In reviewing the file regarding the subject application, the undersigned has noted that the filing fees for the subject application have been miscalculated and fees in the amount of \$36 are due. Specifically, there are three multiple dependent claims (listed below) in the application, which were not properly considered in the fee calculations by the Applicant, or subsequently by the PTO.

Claim 4 - dependent on 2 claims;

Claim 7 - dependent on 6 claims; and

Claim 16 - dependent on 2 claims.

As noted on the Fee Transmittal submitted with the application, only 20 total claims were counted, instead of 27 (in view of the multiple dependencies), and the multiple dependent claim fee was not included in the calculation at all. Subsequently, on February 8, 2002, the undersigned's Deposit Account was charged for the multiple dependent claim fee, but the PTO only calculated 3 additional claims instead of 7 additional claims based on the multiple dependencies, and charged the Deposit Account for the 3 excess claims.

To summarize, below are calculations of the fees paid and the actual fees due for the application:

Repln. Ref: DA#:500332 FC: 704	05/29/2002 Name/Numbe	SS : T
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	Balance Due			
Totals		\$621	\$657	
Multiple Dependent	204	140	140	
Claims over 20	203	27	63	
Independent Claims over 3	202	84	84	
Basic Filing Fee	201	\$370	\$370	
ALEEKU 00082/Fiffing Fees 10062954 \$36,00 CR	Fee Code	Paid	Due	

03/15/E002-BNGDFEHI-00000053-10062954 01 F6s203 36-00-QP Lamb Ser. No. 10/062,954 Filed 1/31/02 Page 2

Accordingly, a check in the amount of \$36 is enclosed to cover the additional claims fees due in the application. Any additional fee or credit may be charged to Deposit Account No. 50-0332.

Respectfully submitted,

Stanley B. Baker Reg. No. 35,058

O21176
Summa & Allan, P.A.
11610 North Community House Road
Suite 200, Ballantyne Corporate Park
Charlotte, North Carolina 28277

Telephone: 704-945-6700 Facsimile: 704-945-6735

Our File 1855.4

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## **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on February 27, 2002.

Starfley B. Baker

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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	ee to aliga	AUSCSC AU		Complete if Known
	EE TRANSN	ALL PARTY PA	Application Number	To be assigned
	for FY 20	001 / 0	Filling Date	Concurrently herewith
		MAR 1 1 2	First Named Inventor	Lamb Concurrently herewith ORIGINALIAN
	Patent fees are subject to ann	<b>'A</b>	Examiner Name	TO A
		- SA7	oup / Art Unit	
TOTAL AN	OUNT OF PAYMENT (	\$) 454	Attorney Docket No.	1855.4
<del></del>	METHOD OF PAYMENT (c	heck one)	<u> </u>	FEE CALCULATION (continued)
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES Large	Small ,	

	METHOD OF PAY	/MENT (check one)					FEE C	ALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated (see and credit any over navments to		3. ADDITIONAL FEES							
	indicated fees ar	nd credit any over payments to:			Large Entity		Small Entity	ŧ	
Deposit Account	50-0332			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Number				105	130	205	65	Surcharge - late filing fee or oath	
Deposit			7	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Account	Summa & Ailan,	P.A.		139	130	139	130	Non-English specification	
Name			ل	147	2,520	147	2,520	For filing a request for reexamination	
Under 37 C	Additional Fee Re FR 1.16 and 1.17			112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
See 37 CF		status.		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2. 🛛 Payment	t Enclosed:			115	110	215	55	Extension for reply within first month	
	☐ Credit card	☐ Money ☐ Other Order		116	390	216	195	Extension for reply within second month	
	FEE CAL	CULATION		117	890	217	445	Extension for reply within third month	
1. BASIC FILI		- COLATION		118	1,390	218	695	Extension for reply within fourth month	
Large Entity S	mall Entity			128	1,890	228	945	Extension for reply within fifth month	
		ee Description		119	310	219	155	Notice of Appeal	
	ode (\$)	Fee Paid		120	310	220	155	Filing a brief in support of an appeal	
		tility filing fee 370	-	121	270	221	135	Request for oral hearing	
		esign filing fee lant filing fee		138	1,510	138	1,510	Petition to institute a public use proceeding	
108 710 2	08 355 R	leissue filing fee		140	110	240	55	Petition to revive - unavoidable	
114 150 2	14 75 P	rovisional filling fee		141	1,240	241	620	Petition to revive – unintentional	
	CHRTATA	(4)		142	1,240	242	620	Utility issue fee (or reissue)	L
	SUBTOTAL	(1) (\$) 370		143	440	243	220	Design issue fee	
2. EXTRA CLAIM	FEES			144	600	244	300	Plant issue fee	<u> </u>
		Extra Fee from Fee		122	130	122	130	Petitions to the Commissioner	
Total Claims 20	-20** = [	Claims         below         Paid           0         X         18         =         0		123	130	123	130	Petitions related to provisional applications	
ndependent Claims 5	-3** =	2 X 42 = 84		126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent		x = 0		581	40	581	40	Recording each patent assignment per property (times number of properties)	
Large Entity Fee Fee	Fee Fee	Fee Description		146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
Code (\$)	Code (\$)	•		149	710	249	355	For each additional invention to be	
103 18	203 9	Claims in excess of 20		1				examined (37 CFR § 1.129(b))	<u></u>
102 80	202 40 204 135	Independent claims in excess of 3		179	710	279	355	Request for Continued Examination (RCE)	
104 270	-	<ul> <li>Multiple dependent claim, if not p</li> <li>** Reissue independent claims or</li> </ul>		169	900	169	900	Request for expedited examination	
109 80	209 40	original patent				. 3-		of a design application	
110 18	210 9	** Reissue claims in excess of 20 over original patent	and	C	f=+ /	-: £ A			_
	su	JBTOTAL (2) (\$) 84		Other	fee (spec	ury)			<u> </u>
ĺ		For Reissues, see above		*Red	uced by E	Basic Fil	ing Fee I	Paid SUBTOTAL (3) (\$) 0	

SUBMITTED BY				Con	nplete (if applicable)	
Name (Print/Type)	Stanley B Baker	Registration No. Attorney/Agent)	35,058	Telephone	704-945-6707	
Signature	Ago left			Date 1/31/02		

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## **Deposit Account Statement**

Requested Statement Month:

February 2002

**Deposit Account Number:** 

500332

Name:

SUMMA & ALLEN, P.A.

Attention:

Address:

11610 NORTH COMMUNITY HOUSE ROAD

City: State: CHARLOTTE NC

Zip:

28277

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DATE SEQ		ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
	KEP IXI	NDIX			•
02/08 68	10062954	1855 4	203	\$27.00	\$3,272.00
02/08 69	10062954		204	\$140.00	\$3,132.00
02/00 09	10073687		204	\$140.00	\$2,992.00
02/19 5	526388	3377.00	566	\$15.00	\$2,977.00
				•	•
02/20 60	526396		566	\$30.00	\$2,947.00
02/21 149	09415402	500.114	119	\$320.00	\$2,627.00
02/21 150	09415402	500.114	120	\$320.00	\$2,307.00
02/21 151	09415402	500.114	117	\$920.00	\$1,387.00
	START	SUM OF	SUM OF	END	
	BALANCE	CHARGES	REPLENISH	<b>BALANCE</b>	

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\$3,299.00 \$1,912.00 \$.00

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\$1,387.00